

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) _____

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

David

First name

M.

Middle name

Parsons

Last name and Suffix (Sr., Jr., II, III)

Jennifer

First name

L.

Middle name

Parsons

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-7810

xxx-xx-8928

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

Business name(s)

EINs

EINs

5. Where you live

**93 Newtons Corner Road
Howell, NJ 07731**

Number, Street, City, State & ZIP Code

Monmouth

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
-
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
- ☐ Yes.
- | | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
-
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No
- ☐ Yes.
- | | |
|-----------------------------|---------------------------|
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
-
11. **Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.

☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number, Street, City, State & Zip Code

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Joseph I. Windman, Esq.

Signature of Attorney for Debtor

Date

January 3, 2020

MM / DD / YYYY

Joseph I. Windman, Esq. (JIW7236)

Printed name

Joseph I. Windman, Esq.

Firm name

**4400 Route 9 South, Suite 3000
Freehold, NJ 07728**

Number, Street, City, State & ZIP Code

Contact phone **732-780-4222**

Email address

jwindman@aol.com

(JIW7236) NJ

Bar number & State

Fill in this information to identify your case:

Debtor 1	David M. Parsons		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jennifer L. Parsons		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	283,500.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	31,032.46
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	314,532.46

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	299,419.40
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	135,003.96
Your total liabilities		\$ 434,423.36

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	6,626.19
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	7,532.02

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **7,362.56**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1	David M. Parsons		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jennifer L. Parsons		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u>			
Case number _____			

☐ Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

93 Newtons Corner Road

Street address, if available, or other description

Howell **NJ** **07731-0000**
City State ZIP Code

Monmouth
County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$283,500.00	\$283,500.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenancy by the Entirety

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

purchased November 16, 2009 \$285,000, Block 2.26 Lot 7, tax assessment \$305,500; fair market value \$315,000 less cost of sale allowance \$31,500 (10%)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$283,500.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No
☒ Yes

3.1 Make: **Chrysler**
Model: **Town and Country Van**
Year: **2016**
Approximate mileage: **80,000**
Other information:

Who has an interest in the property? Check one

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$18,525.00	\$18,525.00

3.2 Make: **Chevrolet**
Model: **Traverse SUV**
Year: **2013**
Approximate mileage: **80,000**
Other information:

Who has an interest in the property? Check one

☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$9,525.00	\$9,525.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$28,050.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes. Describe.....

**living room-couches(4), TV; dining room-table, chairs(6);
bedroom-bed, chair, desk, TV, computer, night stand;
kitchen-table, chairs(5), microwave, refrigerator, dishwasher,
washing machine, dryer, stove, dishes, cookware; game table,
vacuum cleaner, iron, camera, tools**

\$100.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☒ No
☐ Yes. Describe.....

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe.....

baseball equipment, bowling equipment, paintball equipment

\$100.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

personal wearing apparel, no value

\$100.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

engagement ring, wedding ring(2)

\$500.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$800.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash

\$20.00

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **Checking**

TD Bank

\$871.33

17.2. **Checking**

Bank of America government prepaid debit card

\$4.79

17.3. **debit card**

MetaBank debit card

\$1,286.34

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No
☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

employer provided term life insurance, unmaturred, no present value

spouse

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$2,182.46

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$283,500.00
56. Part 2: Total vehicles, line 5	\$28,050.00	
57. Part 3: Total personal and household items, line 15	\$800.00	
58. Part 4: Total financial assets, line 36	\$2,182.46	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
	+	
62. Total personal property. Add lines 56 through 61...	\$31,032.46	Copy personal property total \$31,032.46
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$314,532.46

Fill in this information to identify your case:

Debtor 1	David M. Parsons		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jennifer L. Parsons		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
93 Newtons Corner Road Howell, NJ 07731 Monmouth County purchased November 16, 2009 \$285,000, Block 2.26 Lot 7, tax assessment \$305,500; fair market value \$315,000 less cost of sale allowance \$31,500 (10%) Line from <i>Schedule A/B</i> : 1.1	\$283,500.00	<input checked="" type="checkbox"/> \$24,205.09 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
2016 Chrysler Town and Country Van 80,000 miles Line from <i>Schedule A/B</i> : 3.1	\$18,525.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
2013 Chevrolet Traverse SUV 80,000 miles Line from <i>Schedule A/B</i> : 3.2	\$9,525.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
living room-couches(4), TV; dining room-table, chairs(6); bedroom-bed, chair, desk, TV, computer, night stand; kitchen-table, chairs(5), microwave, refrigerator, dishwasher, washing machine, dryer, stove, dishes, cookware; game table, vacuum cleaner, iron, Line from Schedule A/B: 6.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
baseball equipment, bowling equipment, paintball equipment Line from Schedule A/B: 9.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
personal wearing apparel, no value Line from Schedule A/B: 11.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
engagement ring, wedding ring(2) Line from Schedule A/B: 12.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Cash Line from Schedule A/B: 16.1	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: TD Bank Line from Schedule A/B: 17.1	\$871.33	<input checked="" type="checkbox"/> \$871.33 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: Bank of America government prepaid debit card Line from Schedule A/B: 17.2	\$4.79	<input checked="" type="checkbox"/> \$4.79 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
debit card: MetaBank debit card Line from Schedule A/B: 17.3	\$1,286.34	<input checked="" type="checkbox"/> \$1,286.34 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
employer provided term life insurance, unmaturred, no present value Beneficiary: spouse Line from Schedule A/B: 31.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)

3. Are you claiming a homestead exemption of more than \$170,350?
(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1	David M. Parsons		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jennifer L. Parsons		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 **Ally Financial Inc**

Creditor's Name

**PO Box 380902
Bloomington, MN 55438**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

2013 Chevrolet Traverse SUV 80,000 miles

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Column A

Amount of claim
Do not deduct the value of collateral.

\$19,285.64

Column B

Value of collateral that supports this claim

\$9,525.00

Column C

Unsecured portion If any

\$9,760.64

Who owes the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number **2507**

Debtor 1 **David M. Parsons** Case number (if known) _____
 First Name Middle Name Last Name
 Debtor 2 **Jennifer L. Parsons**
 First Name Middle Name Last Name

2.2 Bank of America Creditor's Name PO Box 15019 Wilmington, DE 19886 Number, Street, City, State & Zip Code	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px;"> 93 Newtons Corner Road Howell, NJ 07731 Monmouth County purchased November 16, 2009 \$285,000, Block 2.26 Lot 7, tax assessment \$305,500; fair market value \$315,000 less cost of sale allowance \$31,500 (10%) </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$16,863.76 \$283,500.00 \$0.00
---	---	--

Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

L-001936-19
J-186090-19

Date debt was incurred _____ Last 4 digits of account number **7130**

2.3 GMFinancial Creditor's Name PO Box 181145 Arlington, TX 76096 Number, Street, City, State & Zip Code	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px;"> 2016 Chrysler Town and Country Van 80,000 miles </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$20,838.85 \$18,525.00 \$2,313.85
---	---	---

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number **6245**

Debtor 1 **David M. Parsons** Case number (if known) _____
 First Name Middle Name Last Name
 Debtor 2 **Jennifer L. Parsons**
 First Name Middle Name Last Name

2.4 Wells Fargo Home Mortgage Creditor's Name PO Box 14411 Des Moines, IA 50306 Number, Street, City, State & Zip Code	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px;"> 93 Newtons Corner Road Howell, NJ 07731 Monmouth County purchased November 16, 2009 \$285,000, Block 2.26 Lot 7, tax assessment \$305,500; fair market value \$315,000 less cost of sale allowance \$31,500 (10%) </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	\$242,431.15 \$283,500.00 \$0.00	\$242,431.15 \$283,500.00 \$0.00
---	---	---	---

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Mortgage

Date debt was incurred _____ Last 4 digits of account number **9401**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$299,419.40

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$299,419.40

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Bank of America PO Box 982234 El Paso, TX 79998	On which line in Part 1 did you enter the creditor? 2.2 Last 4 digits of account number 7130
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Bank of America American Recovery Service 555 St Charles Dr 100 Thousand Oaks, CA 91360	On which line in Part 1 did you enter the creditor? 2.2 Last 4 digits of account number 6867
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Bank of America Tenaglia & Hunt Esqs 395 West Passaic St 205 Rochelle Park, NJ 07662	On which line in Part 1 did you enter the creditor? 2.2 Last 4 digits of account number 1697
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Wells Fargo Home Mortgage PO Box 105632 Atlanta, GA 30348	On which line in Part 1 did you enter the creditor? 2.4 Last 4 digits of account number 9401

Fill in this information to identify your case:

Debtor 1	David M. Parsons		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jennifer L. Parsons		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
- ☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1

AFC Urgent Care-West Long Branch

Nonpriority Creditor's Name

214 State Route 36**West Long Branch, NJ 07764**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5410****\$320.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical/dental expense**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.2	Atlantic Pediatric Orthopedics Nonpriority Creditor's Name Evan Curatolo MD 1131 Broad St 202 Shrewsbury, NJ 07702 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number PARSDAVI When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical/dental expense	\$4,027.64
-----	---	--	-------------------

4.3	Atlantic Pediatric Orthopedics Nonpriority Creditor's Name Lawrence M Stankovits MD 1131 Broad St 202 Shrewsbury, NJ 07702 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2361 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical/dental expense	\$2,342.08
-----	---	--	-------------------

4.4	B-Seaview Orthopedic Nonpriority Creditor's Name 1200 Eagle Av Ocean, NJ 07712 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6413 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify additional notice Seaview Orthopedic	\$0.00
-----	---	--	---------------

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.5	Bank of America Nonpriority Creditor's Name PO Box 15019 Wilmington, DE 19886 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1001</u> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>balance due</u>	\$13,478.91
-----	--	---	--------------------

4.6	Barnabas Health Medical Group Nonpriority Creditor's Name PO Box 826504 Philadelphia, PA 19182 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5482</u> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical/dental expense 1535333, 57482212, 1625200, 1653650, 1595560, 1712404, 1682513, 1741517, 1769315, 02694312377984</u>	\$1,163.96
-----	---	---	-------------------

4.7	Barnabas Health Medical Group Nonpriority Creditor's Name Apex Asset Management PO Box 5407 Lancaster, PA 17606 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8428</u> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical/dental expense 54666448; 57631515; 58129758</u>	\$541.00
-----	--	---	-----------------

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.8	Barnabas Health Medical Group Nonpriority Creditor's Name PO Box 826504 Philadelphia, PA 19182 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1662</u> \$317.77 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical/dental expense</u>
-----	---	---

4.9	Barnabas Health Medical Group Nonpriority Creditor's Name Apex Asset Management PO Box 5407 Lancaster, PA 17606 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9846</u> \$331.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical/dental expense</u>
-----	--	---

4.1 0	Barron Emergency Physicians Nonpriority Creditor's Name PO Box 80137 Philadelphia, PA 19101 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7573</u> \$504.84 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical/dental expense Pendrick Capital Partners LLC; 33009877573. 33011590107, 33011707040, 33011696359, 33011445476, 330116963593789553</u>
----------	--	--

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.1
1

Barron Emergency Physicians

Nonpriority Creditor's Name

Envision Physician Services
PO Box 7418
Philadelphia, PA 19101

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1112**

\$782.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical/dental expense**

4.1
2

Best Buy Credit Services

Nonpriority Creditor's Name

Citibank
PO Box 6497
Sioux Falls, SD 57117

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5057**

\$122.41

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **balance due**

4.1
3

Best Buy Credit Services

Nonpriority Creditor's Name

Citibank
PO Box 6497
Sioux Falls, SD 57117

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **7624**

\$711.65

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **balance due Midland Credit Management Inc 300620874**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.1
4

**Bureaus Investment Group
Portfolio No 15**

Nonpriority Creditor's Name

**Alpha Recovery Corp
PO Box 1259
Oaks, PA 19456**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9798**

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **additional notice Capital One account 1147**

4.1
5

Capio Partners

Nonpriority Creditor's Name

**311 30th Av E
Sherman, TX 75091**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1905**

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **additional notice Ocean Medical Center 1995**

4.1
6

Capital One Bank

Nonpriority Creditor's Name

**PO Box 6492
Carol Stream, IL 60197**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5215**

\$7,045.11

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **balance due DC-008734-19; 486236873155**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.1
7

Capital One Bank

Nonpriority Creditor's Name

PO Box 6492

Carol Stream, IL 60197

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1147**

\$715.50

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **balance due Justice account; Bureaus Investment Group Portfolio No 15 LLC; 855601000416**

4.1
8

CareCentrix

Nonpriority Creditor's Name

PO Box 660

East Granby, CT 06026

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6555**

\$48.29

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense**

4.1
9

CareCentrix

Nonpriority Creditor's Name

AMCA

PO Box 1235

Elmsford, NY 10523

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7238**

\$47.74

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense 58022881986**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.2
0

CF Medical LLC

Nonpriority Creditor's Name

Capio Partners
PO Box 3209
Sherman, TX 75091

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2595**

\$796.80

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense Ocean Medical Center 3300924001**

4.2
1

CF Medical LLC

Nonpriority Creditor's Name

Phoenix Financial Services
PO Box 361450
Indianapolis, IN 46236

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4651**

\$914.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense Ocean Medical Center, Tidal Emergency Physicians**

4.2
2

CF Medical LLC

Nonpriority Creditor's Name

AssetCare
PO Box 1127
Sherman, TX 75091

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2378**

\$831.23

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense Ocean Medical Center, 3142280, 4670708, 4673245**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.2 3	CF Medical LLC Nonpriority Creditor's Name Phoenix Financial Services PO Box 361450 Indianapolis, IN 46236 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6618</u> \$293.70 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical/dental expense Ocean Medical Center</u>
----------	---	---

4.2 4	Chase Nonpriority Creditor's Name PO Box 1423 Charlotte, NC 28201 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5683</u> \$4,422.89 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>balance due JPMorgan Chase Bank</u>
----------	--	---

4.2 5	Chase Nonpriority Creditor's Name PO Box 1423 Charlotte, NC 28201 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4564</u> \$1,941.18 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>balance due JPMorgan Chase Bank</u>
----------	--	---

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.2
6

Citibank/Citi Cards

Nonpriority Creditor's Name

PO Box 70166

Philadelphia, PA 19176

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1700**

\$6,024.92

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **balance due**

4.2
7

Coastal Imaging

Nonpriority Creditor's Name

PO Box 6750

Portsmouth, NH 03802

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1213**

\$8.42

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense**

4.2
8

Comenity Bank-My Place Rewards

Nonpriority Creditor's Name

PO Box 659820

San Antonio, TX 78265

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4866**

\$1,378.30

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **balance due Children's Place; Midland Credit Management; Comenity Capital Bank**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.2
9

Commonwealth Finance

Last 4 digits of account number **5729**

\$0.00

Nonpriority Creditor's Name

**245 Main St
Scranton, PA 18519**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **additional notice Barron Emerg Phys;
Ocean Medical Center D457162, D523074**

4.3
0

CP Medical LLC

Last 4 digits of account number **6137**

\$613.00

Nonpriority Creditor's Name

**Phoenix Financial Services
PO Box 361450
Indianapolis, IN 46236**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense Tidal Emergency
Physicians 22194816**

4.3
1

Credit First

Last 4 digits of account number **4703**

\$2,327.66

Nonpriority Creditor's Name

**PO Box 81344
Cleveland, OH 44188**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **balance due Firestone Complete Auto Care**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.3
2

Credit One Bank

Nonpriority Creditor's Name

PO Box 98873

Las Vegas, NV 89193

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2541**

\$702.10

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **balance due LVNV Funding LLC**

4.3
3

Department Stores National Bank

Nonpriority Creditor's Name

PO Box 8053

Mason, OH 45040

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3634**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **additional notice Macy's account 603534058549; DSNB/Macys**

4.3
4

Doctor's Office of Brick LLC

Nonpriority Creditor's Name

PO Box 870

Newburgh, NY 12551

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4160**

\$62.40

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense 7286619**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.3
5

Doctors Office of Brick LLC

Nonpriority Creditor's Name

PO Box 870

Newburgh, NY 12551

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1923**

\$31.20

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense 7381344**

4.3
6

DSNB/Macy's

Nonpriority Creditor's Name

PO Box 8218

Mason, OH 45040

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8549**

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **additional notice**

4.3
7

Evan M Curatolo MD

Nonpriority Creditor's Name

1131 Broad Street 202

Shrewsbury, NJ 07702

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **PARSPEYT**

\$3,178.52

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.3
8

Evan M Curatolo MD

Nonpriority Creditor's Name

**1131 Broad Street 202
Shrewsbury, NJ 07702**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

PARSPEYT

\$3,501.23

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense**

4.3
9

Hackensack Meridian Health

Nonpriority Creditor's Name

**PO Box 650292
Dallas, TX 75265**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

9635

\$2,012.78

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical expense Ocean Medical Center
3301170704, 3301159010, 3301144547,
3301180007, 3301180165**

4.4
0

Health Special Risk Inc

Nonpriority Creditor's Name

**4100 Medical Parkway 200
Carrollton, TX 75007**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

0703

\$282.48

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.4
1

Home Depot Credit Services

Last 4 digits of account number **2108**

\$0.00

Nonpriority Creditor's Name

Citibank

PO Box 9001010

Columbus, OH 43218

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **additional notice Midland Credit Management**

4.4
2

IC System Collections

Last 4 digits of account number **9156**

\$0.00

Nonpriority Creditor's Name

PO Box 64437

St Paul, MN 55164

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **additional notice Neurology Specialists**

4.4
3

JPMCB Card Services

Last 4 digits of account number **5683**

\$0.00

Nonpriority Creditor's Name

PO Box 901065

Fort Worth, TX 76101

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **additional notice JPMorgan Chase Bank**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.4
4

JPMorgan Chase Bank

Nonpriority Creditor's Name

PO Box 901065

Fort Worth, TX 76101

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4564**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **additional notice 426690206021, 426690204706 JPMCB Card Services; 5683**

4.4
5

Kohl's Department Store

Nonpriority Creditor's Name

PO Box 2983

Milwaukee, WI 53201

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2085**

\$841.05

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **balance due 639305087423**

4.4
6

Laboratory Corporation of America

Nonpriority Creditor's Name

LCA Collections

PO Box 2240

Burlington, NC 27216

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6295**

\$439.17

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense 04312557, 21033021, 51172377, 8362500453580**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.4
7

LVNV Funding LLC

Nonpriority Creditor's Name

PO Box 10584

Greenville, SC 29603

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2541**

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **additional notice Credit One Bank 444796239145**

4.4
8

Macy's/DSNB

Nonpriority Creditor's Name

Department Stores National Bank

PO Box 9001094

Louisville, KY 40290

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3634**

\$560.89

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **balance due**

4.4
9

Macy's/DSNB

Nonpriority Creditor's Name

Department Stores National Bank

PO Box 9001094

Louisville, KY 40290

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6122**

\$322.46

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **balance due**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.5
0

Macy's/DSNB

Nonpriority Creditor's Name

Department Stores National Bank
PO Box 43499
Providence, RI 02940

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **balance due**

4.5
1

Malek Medical Center

Nonpriority Creditor's Name

232 Norwood Av
West Long Branch, NJ 07764

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **592**

\$144.47

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical/dental expense**

4.5
2

MFP Plan-Pedi

Nonpriority Creditor's Name

PO Box 8000
Buffalo, NY 14267

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9826**

\$18.94

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical/dental expense**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.5
3

Midland Credit Management

Nonpriority Creditor's Name

**2365 Northside Dr 300
San Diego, CA 92108**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8234**

\$14,147.63

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **balance due Citibank/Home Depot 2108**

4.5
4

Midland Credit Management

Nonpriority Creditor's Name

**2365 Northside Dr 300
San Diego, CA 92108**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6469**

\$5,764.25

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **balance due Synchrony Bank 6345**

4.5
5

Midland Credit Management

Nonpriority Creditor's Name

**PO Box 301030
Los Angeles, CA 90030**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4194**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **additional notice Comenity Capital Bank 4866**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.5
6

Midland Credit Management

Nonpriority Creditor's Name

PO Box 301030

Los Angeles, CA 90030

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0874**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **additional notice Citibank/Best Buy 7624**

4.5
7

Monmouth Emergency Med Assoc

Nonpriority Creditor's Name

B&B Collections

PO Box 2137

Toms River, NJ 08754

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6260**

\$128.06

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense 03552760, 01323460, 03743060**

4.5
8

Monmouth Emergency Medical Associates

Nonpriority Creditor's Name

PO Box 417442

Boston, MA 02241

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3060**

\$87.96

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense 03677660, MMO886892975, 8868029950076458**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.5
9

Monmouth Medical Center

Nonpriority Creditor's Name
RWJBarnabas Health
PO Box 29962
New York, NY 10087

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7345**

\$7,235.25

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

medical/dental expense 088550029, 0886583662, 0886800663, 0886802995, 0886916611, 0886550029, 0886583662, 0886666849, 0886892975, 0886944666, 0886812409, 0886663488, 0886916611, 0886945637, 0886892975, 0886663488

4.6
0

Monmouth Medical Center

Nonpriority Creditor's Name
IC System
PO Box 64437
Saint Paul, MN 55164

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7749**

\$1,762.84

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

medical/dental expense 125054347669

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.6 1	Monmouth Medical Center Nonpriority Creditor's Name Barnabas Health PO Box 29962 New York, NY 10087 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1212</u> \$552.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical/dental expense</u>
----------	--	--

4.6 2	Monmouth Medical Center Nonpriority Creditor's Name Barnabas Health PO Box 29962 New York, NY 10087 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3488</u> \$783.20 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical/dental expense 0886892975</u>
----------	--	---

4.6 3	Monmouth Medical Center Nonpriority Creditor's Name Celentano Stadtmauer & Walentowicz LLP PO Box 2594 Clifton, NJ 07015 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>73AH</u> \$1,900.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical/dental expense 2390015957AH</u>
----------	---	---

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.6 4	Monmouth Medical Imaging Nonpriority Creditor's Name PO Box 9428 Peoria, IL 61612 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3662</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical/dental expense MMI886550029, MMI886802995</u>	\$41.98
----------	--	---	----------------

4.6 5	Myriad Emergency Phys LLC Nonpriority Creditor's Name PO Box 80137 Philadelphia, PA 19101 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5476</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical/dental expense</u>	\$94.43
----------	--	--	----------------

4.6 6	Nationwide Recovery System Nonpriority Creditor's Name 501 Shelley Suite 300 Tyler, TX 75701 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1254</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>additional notice Barron Emerg Phys</u>	\$0.00
----------	---	---	---------------

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.6 7	Neurology Specialists <hr/> Nonpriority Creditor's Name IC System PO Box 64437 Saint Paul, MN 55164 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0149 <hr/> When was the debt incurred? <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical/dental expense EMR241341	\$377.30 <hr/>
----------	--	--	--------------------------

4.6 8	North American Partners in Anesthesia <hr/> Nonpriority Creditor's Name Hooten & Jacoby LLP 17 Snyder Av Toms River, NJ 08753 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3968 <hr/> When was the debt incurred? <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical/dental expense	\$386.68 <hr/>
----------	--	--	--------------------------

4.6 9	Ocean Medical Center <hr/> Nonpriority Creditor's Name Hackensack Meridian Health PO Box 650292 Dallas, TX 75265 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4657 <hr/> When was the debt incurred? <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical expense; DC-012265-18 Meridian Health	\$261.28 <hr/>
----------	---	---	--------------------------

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.7
0

Ocean Medical Center

Nonpriority Creditor's Name

**Hackensack Meridian Health
PO Box 650292
Dallas, TX 75265**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4547**

\$19,432.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical expense 3301180165, 3301159010, 3301159010801491**

4.7
1

Ocean Medical Center

Nonpriority Creditor's Name

**Transworld Systems
PO Box 15618
Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6895**

\$1,194.86

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical expense 98520678, 99062737, 3301056589,**

4.7
2

Ocean Medical Center

Nonpriority Creditor's Name

**Marvel & Maloney PC
PO Box 727
Neptune, NJ 07753**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9484**

\$776.26

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical expense 3301054100**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.7
3

Paramount Recovery System

Nonpriority Creditor's Name

**7524 Bosque Blvd L
Waco, TX 76712**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0245**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **additional notice Ocean Med Ctr**

4.7
4

Pediatric-Obstetric Medical Group

Nonpriority Creditor's Name

**PO Box 100445
Atlanta, GA 30384**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5562**

\$254.29

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense**

4.7
5

Pendrick Capital Partners LLC

Nonpriority Creditor's Name

**Radius Global Solutions
PO Box 390915
Minneapolis, MN 55439**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5658**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **additional notice Barron Emerg Phys,
55789924**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.7
6

Pendrick Capital Partners LLC

Nonpriority Creditor's Name

Dynamic Recovery Solutions
PO Box 25759
Greenville, SC 29616

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1414**

\$921.50

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense Tidal Emergency Physicians; 090481237, 096603387, CEC323**

4.7
7

Pendrick Capital Partners LLC

Nonpriority Creditor's Name

Phoenix Financial Services
PO Box 361450
Indianapolis, IN 46236

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9330**

\$9.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense Barron Emerg Phys**

4.7
8

Portfolio Recovery Associates

Nonpriority Creditor's Name

PO Box 12914
Norfolk, VA 23541

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7969**

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **additional notice Synchrony Bank 7969, 1292**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.7
9

Quest Diagnostics

Nonpriority Creditor's Name

PO Box 740985

Cincinnati, OH 45274

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6795**

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense**

4.8
0

Remex Inc

Nonpriority Creditor's Name

307 Wall Street

Princeton, NJ 08540

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8525**

\$64.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense Malek Medical Center**

4.8
1

Rutgers Health-RWJMG

Nonpriority Creditor's Name

PO Box 829650

Philadelphia, PA 19182

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6213**

\$32.91

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.8
2

Rutgers RWJMG Pathology

Nonpriority Creditor's Name

Financial Recoveries

PO Box 1388

Mount Laurel, NJ 08054

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4133**

\$32.91

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense 3888756**

4.8
3

RWJBarnabas Health

Nonpriority Creditor's Name

Monmouth Medical Center

300 2nd Avenue

Long Branch, NJ 07740

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2409**

\$3,492.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense, 0886800663, 0886802995**

4.8
4

Seaview Orthopaedic

Nonpriority Creditor's Name

1200 Eagle Avenue

Ocean, NJ 07712

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6413**

\$241.63

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense B-Seaview Orthopaedic**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.8
5

**Shrewsbury Ambulatory
Anesthesia LLC**

Nonpriority Creditor's Name

PO Box 188

Little Silver, NJ 07739

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **E000**

\$119.84

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense**

4.8
6

Shrewsbury Surgery Center

Nonpriority Creditor's Name

655 Shrewsbury Av

Shrewsbury, NJ 07702

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7583**

\$1,348.94

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical/dental expense**

4.8
7

Synchrony Bank

Nonpriority Creditor's Name

PO Box 965060

Orlando, FL 32896

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0486**

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **possible claim Walmart account**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.8
8

Synchrony Bank

Nonpriority Creditor's Name

PO Box 965060

Orlando, FL 32896

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7969**

\$1,477.91

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **balance due Portfolio Recovery Associates LLC**

4.8
9

Synchrony Bank

Nonpriority Creditor's Name

PO Box 965060

Orlando, FL 32896

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6345**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **additional notice Midland Credit Management**

4.9
0

Synchrony Bank

Nonpriority Creditor's Name

PO Box 530939

Atlanta, GA 30353

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1292**

\$2,829.34

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **balance due Portfolio Recovery Associates LLC**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.9
1

Synchrony Bank

Nonpriority Creditor's Name

PO Box 965060

Orlando, FL 32896

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6792**

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **balance due Lowe's account**

4.9
2

Target Card Services

Nonpriority Creditor's Name

PO Box 660170

Dallas, TX 75266

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8482**

\$4,236.51

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **balance due TD Bank 511786200390**

4.9
3

TD Bank

Nonpriority Creditor's Name

PO Box 84037

Columbus, GA 31908

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8482**

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **additional notice Target Credit Card 511786200390**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

4.9
4

The Bureaus

Nonpriority Creditor's Name
650 Dundee Rd 370
Northbrook, IL 60062

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1595**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **additional notice Capital One**

4.9
5

Tidal Emergency Physicians

Nonpriority Creditor's Name
PO Box 41433
Philadelphia, PA 19101

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3688**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **additional notice CF Medical LLC; Pendrick Capital Partners LLC; 22104816; 101607153**

4.9
6

Wakefield and Associates

Nonpriority Creditor's Name
PO Box 50250
Knoxville, TN 37950

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5307**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **additional notice N A Partners in Anesthesia**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

4.9
7**Women's Comprehensive Health Care**

Nonpriority Creditor's Name

PO Box 14000**Belfast, ME 04915**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **6387****\$867.51**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **medical/dental expense****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Atlantic Pediatric Orthopedics**PO Box 283****Rumson, NJ 07760**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

PARSDAVI

Name and Address

B-Seaview Orthopaedic**1200 Eagle Av****Asbury Park, NJ 07712**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.84** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6413

Name and Address

Bank of America**PO Box 982234****El Paso, TX 79998**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1001

Name and Address

Bank of America**Mercantile Adjustment Bureau****37 Rust Lane****Boerne, TX 78006**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2JC1

Name and Address

Bank of America**Mercantile Adjustment Bureau****PO Box 9055****Williamsbille, NY 14231**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2JC1

Name and Address

Bank of America**National Enterprise Systems****PO Box 1280****Oaks, PA 19456**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5426

Name and Address

Barnabas Health Medical Group

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Apex Asset Management
PO Box 5407
Lancaster, PA 17606

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **2212**

Name and Address
Barnabas Health Medical Group
PO Box 826504
Philadelphia, PA 19182

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0434**

Name and Address
Barron Emergency Physicians
PO Box 7418
Philadelphia, PA 19101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7040**

Name and Address
Barron Emergency Physicians
Radius Global Solutions
PO Box 1259
Oaks, PA 19456

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0724**

Name and Address
Barron Emergency Physicians
AR Resources
PO Box 1056
Blue Bell, PA 19422

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5402**

Name and Address
Barron Emergency Physicians
PO Box 80137
Philadelphia, PA 19101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.75** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Barron Emergency Physicians
Envision Physician Services
PO Box 7418
Philadelphia, PA 19101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1112**

Name and Address
Best Buy Credit Services
Citibank
PO Box 6084
Sioux Falls, SD 57117

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5057**

Name and Address
Best Buy Credit Services
Citibank
PO Box 6752
Sioux Falls, SD 57117

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7624**

Name and Address
Best Buy Credit Services
Citibank
PO Box 9001007
Louisville, KY 40290

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7624**

Name and Address
Best Buy Credit Services

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Citibank
PO Box 6204
Sioux Falls, SD 57117

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7624**

Name and Address
Bureaus Investment Group
Portfolio 15 LLC
650 Dundee Rd 370
Northbrook, IL 60062

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1147**

Name and Address
Capital One Bank
Lyons Doughty & Voldhuis PC
PO Box 1269
Mount Laurel, NJ 08054

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3596**

Name and Address
Capital One Bank
PO Box 85619
Richmond, VA 23285

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1477**

Name and Address
Capital One Retail Services
PO Box 71106
Charlotte, NC 28272

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1147**

Name and Address
Capital One Services
PO Box 30285
Salt Lake City, UT 84130

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1147**

Name and Address
CareCentrix
PO Box 277947
Atlanta, GA 30384

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6555**

Name and Address
CareCentrix
AMCA
PO Box 1235
Elmsford, NY 10523

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6555**

Name and Address
CareCentrix
PO Box 277947
Atlanta, GA 30384

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **O578**

Name and Address
CF Medical LLC
Phoenix Financial Services
PO Box 1280
Oaks, PA 19456

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4651**

Name and Address
CF Medical LLC
FBCS

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

**330 S Warminster Rd 353
Hatboro, PA 19040**

Last 4 digits of account number **1252**

Name and Address
**CF Medical LLC
AssetCare
PO Box 4115
Concord, CA 94524**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **2378**

Name and Address
**Chase
PO Box 15123
Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5683**

Name and Address
**Chase
PO Box 15548
Wilmington, DE 19886**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5683**

Name and Address
**Chase
PO Box 15123
Charlotte, NC 28201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4564**

Name and Address
**Chase
PO Box 15548
Wilmington, DE 19886**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4564**

Name and Address
**Chase Bank
GC Services LP
PO Box 1280
Oaks, PA 19456**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **8729**

Name and Address
**Chase Bank
Alltran Financial LP
PO Box 4045
Concord, CA 94524**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0522**

Name and Address
**Chase Bank
Alltran Financial LP
PO Box 722929
Houston, TX 77272**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0522**

Name and Address
**Chase Bank
MRS BPO LLC
1930 Olney Av
Cherry Hill, NJ 08003**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6372**

Name and Address
**Citi Cards
PO Box 6004**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Sioux Falls, SD 57117

Last 4 digits of account number **1700**

Name and Address

Citi Cards
PO Box 6077
Sioux Falls, SD 57117

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1700**

Name and Address

Citibank
PO Box 6497
Sioux Falls, SD 57117

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.53** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **2108**

Name and Address

Citibank
PO Box 790040
Saint Louis, MO 63179

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7624**

Name and Address

Citibank
PO Box 6077
Sioux Falls, SD 57117

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7624**

Name and Address

Citibank
Radius Global Solutions
PO Box 390905
Minneapolis, MN 55439

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4346**

Name and Address

Citibank
Capital Management Services
PO Box 120
Buffalo, NY 14220

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1964**

Name and Address

Citibank
PO Box 6077
Sioux Falls, SD 57117

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **2108**

Name and Address

Citibank/Home Depot
Alltran Financial
PO Box 4044
Concord, CA 94524

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3771**

Name and Address

Citibank/Home Depot
Alltran Financial
PO Box 722910
Houston, TX 77272

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3771**

Name and Address

Comenity Bank
PO Box 182125
Columbus, OH 43218

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4866**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Name and Address
Comenity Bank
PO Box 183043
Columbus, OH 43218

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4866

Name and Address
Comenity Capital Bank
PO Box 183043
Columbus, OH 43218

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4866

Name and Address
CP Medical LLC
Phoenix Financial Services
PO Box 1280
Oaks, PA 19456

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6137

Name and Address
Credit First
PO Box 81410
Cleveland, OH 44181

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4703

Name and Address
Credit First
AllianceOne Receivables
Management
PO Box 3102
Southeastern, PA 19398

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6505

Name and Address
Credit First
Client Services
PO Box 1586
Saint Peters, MO 63376

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3864

Name and Address
Credit One Bank
PO Box 60500
City of Industry, CA 91716

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2541

Name and Address
Department Stores National Bank
PO Box 8053
Mason, OH 45040

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3634

Name and Address
Department Stores National Bank
ARS National Services
PO Box 469100
Escondido, CA 92046

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0886

Name and Address
Department Stores National Bank
Credit Control
PO Box 31179
Tampa, FL 33631

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1135

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Name and Address

**Department Stores National Bank
ARS National Services
PO Box 1608
Southgate, MI 48195**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9355

Name and Address

**Department Stores National Bank
Credit Control LLC
PO Box 31179
Tampa, FL 33631**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1135

Name and Address

**Department Stores National Bank
ARS National Services
PO Box 469100
Escondido, CA 92046**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9355

Name and Address

**Department Stores National Bank
ARS National Services
PO Box 1608
Southgate, MI 48195**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0886

Name and Address

**Doctors Office of Brick LLC
484 Temple Hill Rd 104
New Windsor, NY 12553**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6619

Name and Address

**Doctors Office of Brick LLC
Advanced Health Partners Inc
PO Box 870
Newburgh, NY 12551**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5049

Name and Address

**DSNB/Macy's
PO Box 8218
Mason, OH 45040**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3634

Name and Address

**Evan M Curatolo MD
PO Box 312
Rumson, NJ 07760**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

PARSPEYT

Name and Address

**Hackensack Meridian Health
PO Box 650292
Dallas, TX 75265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.70** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4547

Name and Address

**Hackensack Meridian Health
PO Box 9319
Trenton, NJ 08650**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9635

Name and Address

Home Depot Credit Services

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Citibank
PO Box 790393
Saint Louis, MO 63179

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **2018**

Name and Address
Home Depot Credit Services
Citibank
PO Box 6752
Sioux Falls, SD 57117

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.41** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **2108**

Name and Address
JPMCB Card Services
PO Box 901065
Fort Worth, TX 76101

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.44** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5683**

Name and Address
JPMorgan Chase Bank
PO Box 901065
Fort Worth, TX 76101

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.24** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5683**

Name and Address
JPMorgan Chase Bank
GC Services
PO Box 1545
Houston, TX 77251

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.24** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **8729**

Name and Address
JPMorgan Chase Bank
GC Services
PO Box 1280
Oaks, PA 19456

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.24** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **2397**

Name and Address
JPMorgan Chase Bank
Client Services
PO Box 1586
Saint Peters, MO 63376

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.25** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6538**

Name and Address
JPMorgan Chase Bank
Client Services
PO Box 1586
Saint Peters, MO 63376

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.44** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6538**

Name and Address
JPMorgan Chase Bank
ARS National Services
PO Box 469046
Escondido, CA 92046

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.44** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7171**

Name and Address
JPMorgan Chase Bank
MRS BPO LLC
1930 Olney Av
Cherry Hill, NJ 08003

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.44** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **8739**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Name and Address
JPMorgan Chase Bank
ARS National Services
PO Box 469046
Escondido, CA 92046

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7171

Name and Address
Kohl's Department Store
PO Box 3120
Milwaukee, WI 53201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2085

Name and Address
Kohl's Department Store
PO Box 3084
Milwaukee, WI 53201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2085

Name and Address
LabCorp/LCA
Credit Collection Services
PO Box 55126
Boston, MA 02205

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1850

Name and Address
Laboratory Corporation of America
Radius Global Solutions
PO Box 1259
Oaks, PA 19456

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5488

Name and Address
Lowe's/Synchrony Bank
PO Box 530914
Atlanta, GA 30353

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.91** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6792

Name and Address
LVNV Funding LLC
Halsted Financial Services
PO Box 828
Skokie, IL 60076

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4172

Name and Address
LVNV Funding LLC
Credit Control LLC
PO Box 51790
Livonia, MI 48151

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0587

Name and Address
LVNV Funding LLC
Credit Control LLC
PO Box 100
Hazelwood, MO 63042

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0587

Name and Address
LVNV Funding LLC
PO Box 10497
Greenville, SC 29603

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2541

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Macy's/DSNB
Department Stores National Bank
PO Box 8058
Mason, OH 45040

Line **4.48** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3634**

Name and Address
Macy's/DSNB
Department Stores National Bank
PO Box 6167
Sioux Falls, SD 57117

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3634**

Name and Address
Macy's/DSNB
Department Stores National Bank
PO Box 8061
Mason, OH 45040

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3634**

Name and Address
Macy's/DSNB
Department Stores National Bank
PO Box 8058
Mason, OH 45040

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.49** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6122**

Name and Address
Meridian Health
PO Box 9319
Trenton, NJ 08650

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.69** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4547**

Name and Address
Meridian Health
PO Box 9319
Trenton, NJ 08650

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.71** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4100**

Name and Address
Midland Credit Management
350 Camino De La Reina 100
San Diego, CA 92108

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.53** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **8234**

Name and Address
Midland Credit Management
Pressler Felt & Warshaw LLP
7 Entin Road
Parsippany, NJ 07054

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0514**

Name and Address
Midland Credit Management
PO Box 301030
Los Angeles, CA 90030

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6469**

Name and Address
Midland Credit Management
350 Camino De La Reina 100
San Diego, CA 92108

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6469**

Name and Address
Monmouth Emerg Med Assoc LLC

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.58** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

PO Box 80239
Philadelphia, PA 19101☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **2975**Name and Address
Monmouth Emergency Med Assoc
B&B Collections
PO Box 2137
Toms River, NJ 08754On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.58** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **7660**Name and Address
Monmouth Emergency Medical
Radius Global Solutions
PO Box 390915
Minneapolis, MN 55439On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.58** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **5411**Name and Address
Monmouth Emergency Medical
Radius Global Solutions
PO Box 1259
Oaks, PA 19456On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.58** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **8035**Name and Address
Monmouth Emergency Medical
Associates
PO Box 5786
Parsippany, NJ 07054On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.57** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **6260**Name and Address
Monmouth Medical Center
BCA Financial Services
18001 Old Cutler Rd 462
Miami, FL 33157On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.59** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **5387**Name and Address
Monmouth Medical Center
Barnabas Health
PO Box 903
Oceanport, NJ 07757On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.59** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **0029**Name and Address
Monmouth Medical Center
IC System
PO Box 64437
Saint Paul, MN 55164On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.59** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **7749**Name and Address
Monmouth Medical Center
Barnabas Health
PO Box 29965
New York, NY 10087On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.60** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **7749**Name and Address
Monmouth Medical Center
BCA Financial Services
18001 Old Cutler Rd 462
Miami, FL 33157On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.60** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **9557**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Name and Address

**Monmouth Medical Center
Barnabas Health
PO Box 903
Oceanport, NJ 07757**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.61** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1212

Name and Address

**Monmouth Medical Center
BCA Financial Services
18001 Old Cutler Rd 462
Miami, FL 33157**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.61** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1212

Name and Address

**Monmouth Medical Center
BCA Financial Services
18001 Old Cutler Rd 462
Miami, FL 33157**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.62** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7484

Name and Address

**Monmouth Medical Center
IC System
PO Box 64378
Saint Paul, MN 55164**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.62** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3488

Name and Address

**Monmouth Medical Center
Barnabas Health
PO Box 903
Oceanport, NJ 07757**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.62** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3488

Name and Address

**Monmouth Medical Center
Barnabas Health
PO Box 29965
New York, NY 10087**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.63** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5861

Name and Address

**Monmouth Medical Center
Barnabas Health
PO Box 29962
New York, NY 10087**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.83** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0663

Name and Address

**Monmouth Medical Center
Barnabas Health
PO Box 903
Oceanport, NJ 07757**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.83** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0663

Name and Address

**Neurology Specialists
Stillman Law Office LLC
50 Tower Office Park
Woburn, MA 01801**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.67** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9968

Name and Address

**Neurology Specialists of Monmouth
County**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.67** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

**107 Monmouth Rd 110
West Long Branch, NJ 07764**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1341**

Name and Address
**North American Partners in
Anesthesia
NAPA
PO Box 49
Glen Head, NY 11545**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.68** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3968**

Name and Address
**Ocean Medical Center
Marvel & Maloney Esqs
PO Box 727
Neptune, NJ 07753**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.69** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3572**

Name and Address
**Ocean Medical Center
Hackensack Meridian Health
PO Box 650292
Dallas, TX 75265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **2595**

Name and Address
**Ocean Medical Center
Trans-Continental Credit &
Collection
PO Box 1259
Oaks, PA 19456**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.70** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7083**

Name and Address
**Ocean Medical Center
AssetCare
PO Box 1127
Sherman, TX 75091**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.70** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **2378**

Name and Address
**Ocean Medical Center
Trans-Continental Credit &
Collection
PO Box 5505
White Plains, NY 10602**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.70** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1491**

Name and Address
**Ocean Medical Center
Hackensack Meridian Health
PO Box 650292
Dallas, TX 75265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **2995**

Name and Address
**Ocean Medical Center
Hackensack Meridian Health
PO Box 650292
Dallas, TX 75265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.71** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6678**

Name and Address
**Ocean Medical Center
Trans-Continental Credit &**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.71** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Collection
PO Box 5055
White Plains, NY 10602

Last 4 digits of account number **4100**

Name and Address
Ocean Medical Center
Hackensack Meridian Health
PO Box 650292
Dallas, TX 75265

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.22** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7757**

Name and Address
Ocean Medical Center
Hackensack Meridian Health
PO Box 650292
Dallas, TX 75265

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.39** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **9635**

Name and Address
Ocean Medical Center
Hackensack Meridian Health
PO Box 650292
Dallas, TX 75265

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.72** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4100**

Name and Address
Pendrick Capital Partners
Commonwealth Financial Systems
PO Box 1110
Charlotte, NC 28201

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.76** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3061**

Name and Address
Pendrick Capital Partners LLC
Phoenix Financial Services
PO Box 361450
Indianapolis, IN 46236

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.75** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3863**

Name and Address
Pendrick Capital Partners LLC
Affiliate Asset Solutions
PO Box 1870
Ashland, VA 23005

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.75** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **8527**

Name and Address
Pendrick Capital Partners LLC
Radius Global Solutions
PO Box 1259
Oaks, PA 19456

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.75** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7534**

Name and Address
Pendrick Capital Partners LLC
Commonwealth Financial Systems
PO Box 1110
Charlotte, NC 28201

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.75** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7994**

Name and Address
Portfolio Recovery Associates
PO Box 4115
Concord, CA 94524

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.78** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7969**

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Name and Address
Robert Wood Johnson Medical Group
Rutgers-RWJ Medical Group
PO Box 829650
Philadelphia, PA 19182

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.81** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6213

Name and Address
Shrewsbury Surgery Center
Mnet Financial
95 Argonaut 200
Aliso Viejo, CA 92656

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.86** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5057

Name and Address
Synchrony Bank
PO Box 965022
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.87** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0486

Name and Address
Synchrony Bank
PO Box 530939
Atlanta, GA 30353

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.88** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7969

Name and Address
Synchrony Bank
AlliedInterstate
PO Box 1954
Southgate, MI 48195

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.88** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5533

Name and Address
Synchrony Bank
Global Credit & Collection
PO Box 129
Linden, MI 48451

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.88** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1247

Name and Address
Synchrony Bank
PO Box 965013
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.88** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7969

Name and Address
Synchrony Bank
PO Box 965060
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6345

Name and Address
Synchrony Bank
EGS Financial Care
PO Box 1020
Horsham, PA 19044

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.89** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9552

Name and Address
Synchrony Bank
PO Box 965060
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.90** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1292

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Name and Address
Synchrony Bank
PO Box 965013
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.90** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1292

Name and Address
Synchrony Bank
PO Box 965004
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.91** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6792

Name and Address
TD Bank
PO Box 84037
Columbus, GA 31908

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.92** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8482

Name and Address
TD Bank
Financial Recovery Services
PO Box 4115
Concord, CA 94524

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.93** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

R235

Name and Address
TD Bank
Financial Recovery Services
PO Box 385908
Minneapolis, MN 55438

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.93** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

R235

Name and Address
TD Bank/Target Credit Card
Firstsource Advantage
PO 628
Buffalo, NY 14240

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.92** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2220

Name and Address
Tidal Emergency Physicians
PO Box 41433
Philadelphia, PA 19101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3688

Name and Address
Tidal Emergency Physicians
PO Box 41433
Philadelphia, PA 19101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4816

Name and Address
Women's Comprehensive Health
Care
PO Box 14099
Belfast, ME 04915

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.97** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6387

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

					0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$		0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$		0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$		0.00
				Total Claim	
	6f. Student loans	6f.	\$		0.00
Total claims from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$		0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$		0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$		135,003.96
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$		135,003.96

Fill in this information to identify your case:

Debtor 1	David M. Parsons		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jennifer L. Parsons		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Ally Financial Inc PO Box 380902 Bloomington, MN 55438	automobile loan 2016 Chrysler Town & Country Van, no equity
2.2	GMFinancial PO Box 181145 Arlington, TX 76096	automobile loan 2013 Chevrolet Traverse SUV, no equity

Fill in this information to identify your case:

Debtor 1	David M. Parsons		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jennifer L. Parsons		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 David M. Parsons

Debtor 2 Jennifer L. Parsons
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed
☐ Not employed

store manager

Petco

North Brunswick NJ

5 years

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

merchandise

Ralph Lauren

Jackson NJ

1 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$ 6,806.67

\$ 2,287.83

3. +\$ 0.00

+\$ 0.00

4. \$ 6,806.67

\$ 2,287.83

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 6,806.67	\$ 2,287.83
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 882.77	\$ 358.32
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 1,227.22	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 2,109.99	\$ 358.32
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,696.68	\$ 1,929.51
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 4,696.68 + \$ 1,929.51	= \$ 6,626.19
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	6,626.19
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain:		

Combined monthly income

Fill in this information to identify your case:

Debtor 1 David M. Parsons

Debtor 2 Jennifer L. Parsons
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

5(8,6,3,2, newborn)

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 2,222.02

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	<u>200.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>66.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>410.00</u>
6d. Other. Specify: _____	6d. \$	<u>0.00</u>
7. Food and housekeeping supplies	7. \$	<u>1,490.00</u>
8. Childcare and children's education costs	8. \$	<u>150.00</u>
9. Clothing, laundry, and dry cleaning	9. \$	<u>400.00</u>
10. Personal care products and services	10. \$	<u>91.00</u>
11. Medical and dental expenses	11. \$	<u>250.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<u>400.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	<u>0.00</u>
14. Charitable contributions and religious donations	14. \$	<u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<u>0.00</u>
15b. Health insurance	15b. \$	<u>0.00</u>
15c. Vehicle insurance	15c. \$	<u>181.00</u>
15d. Other insurance. Specify: _____	15d. \$	<u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	<u>0.00</u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	<u>478.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>499.00</u>
17c. Other. Specify: _____	17c. \$	<u>0.00</u>
17d. Other. Specify: _____	17d. \$	<u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	<u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	\$	<u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>
21. Other: Specify: <u>automobile maintenance</u>	21. +\$	<u>470.00</u>
<u>meals at work</u>	+\$	<u>100.00</u>
<u>children activities</u>	+\$	<u>100.00</u>
<u>highway tolls</u>	+\$	<u>25.00</u>
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	<u>7,532.02</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	<u> </u>
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	<u>7,532.02</u>
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<u>6,626.19</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<u>7,532.02</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<u>-905.83</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1 **David M. Parsons**
First Name Middle Name Last Name

Debtor 2 **Jennifer L. Parsons**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ David M. Parsons

David M. Parsons
Signature of Debtor 1

Date January 3, 2020

X /s/ Jennifer L. Parsons

Jennifer L. Parsons
Signature of Debtor 2

Date January 3, 2020

Fill in this information to identify your case:

Debtor 1 **David M. Parsons**
First Name Middle Name Last Name

Debtor 2 **Jennifer L. Parsons**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

**For last calendar year:
 (January 1 to December 31, 2019)**

Debtor 1

Sources of income
 Check all that apply.

Gross income
 (before deductions and exclusions)

- ☒ Wages, commissions, bonuses, tips
☐ Operating a business

\$81,593.59

Debtor 2

Sources of income
 Check all that apply.

Gross income
 (before deductions and exclusions)

- ☒ Wages, commissions, bonuses, tips
☐ Operating a business

\$7,614.61

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For the calendar year before that: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$78,626.46	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$12,656.00
For the calendar year: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$67,886.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$13,615.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2019)	Tax Refund Federal 2018	\$5,733.00		
	Tax Refund New Jersey 2018	\$418.00		
		\$0.00	Short Term Disability	\$2,156.00
For the calendar year before that: (January 1 to December 31, 2018)	IRA Distribution	\$311.00		
For the calendar year: (January 1 to December 31, 2017)	Pension Distribution	\$6,737.00	Pension Distribution	\$18,876.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
mortgage, automobile loans		\$0.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other ____

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Ocean Medical Center 18-012265-18	medical/dental expense	Special Civil Part Monmouth County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Stipulation of Settlement			
Walt Disney Parks and Resorts US	bed bugs infestation during vacation \$3,750 settlement 2017		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Case title Case number	Nature of the case	Court or agency	Status of the case
Bank of America L-001936-19, J-186090-19	balance due	Superior Court Law Division Monmouth County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Judgment; Judicial Lien			
Capital One Bank DC-008734-19	balance due	Special Civil Part Monmouth County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Midland Credit Management Inc DC-012381-19	balance due Synchrony Bank 6345	Special Civil Part Monmouth County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☐ No
☒ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address: children-birthday and holiday gifts			\$0.00

Person's relationship to you:

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☐ No
☒ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
roof leak, \$2,000 2018	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		\$0.00

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Joseph I. Windman, Esq. 4400 Route 9 South, Suite 3000 Freehold, NJ 07728 jwindman@aol.com Hyatt Legal Plans	Attorney Fees		\$900.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☒ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
TD Bank	XXXX-	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	December 11, 2019	\$250.19

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
---	---	-----------------------	-------

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name
Address

(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ David M. Parsons

David M. Parsons
Signature of Debtor 1

/s/ Jennifer L. Parsons

Jennifer L. Parsons
Signature of Debtor 2

Date January 3, 2020

Date January 3, 2020

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 **David M. Parsons**
First Name Middle Name Last Name

Debtor 2 **Jennifer L. Parsons**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Ally Financial Inc	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2013 Chevrolet Traverse SUV 80,000 miles		
Creditor's name: Bank of America	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: avoid lien using 11 U.S.C. § 522(f)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 93 Newtons Corner Road Howell, NJ 07731 Monmouth County purchased November 16, 2009 \$285,000, Block 2.26 Lot 7, tax assessment \$305,500; fair market value \$315,000 less cost of sale allowance \$31,500 (10%)		
Creditor's name: GMFinancial	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

name:

☐ Retain the property and redeem it.

☒ Yes

Description of property **2016 Chrysler Town and Country Van 80,000 miles**
securing debt:

☒ Retain the property and enter into a *Reaffirmation Agreement*.

☐ Retain the property and [explain]: _____

Creditor's name: **Wells Fargo Home Mortgage**

☐ Surrender the property.

☐ No

☐ Retain the property and redeem it.

☒ Yes

Description of property **93 Newtons Corner Road Howell, NJ 07731 Monmouth County**
securing debt: **purchased November 16, 2009 \$285,000, Block 2.26 Lot 7, tax assessment \$305,500; fair market value \$315,000 less cost of sale allowance \$31,500 (10%)**

☒ Retain the property and enter into a *Reaffirmation Agreement*.

☐ Retain the property and [explain]: _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: **Ally Financial Inc**

☐ No

☒ Yes

Description of leased Property: **automobile loan 2016 Chrysler Town & Country Van, no equity**

Lessor's name: **GMFinancial**

☐ No

☒ Yes

Description of leased Property: **automobile loan 2013 Chevrolet Traverse SUV, no equity**

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ David M. Parsons
David M. Parsons
Signature of Debtor 1

X /s/ Jennifer L. Parsons
Jennifer L. Parsons
Signature of Debtor 2

Date January 3, 2020

Date January 3, 2020

Fill in this information to identify your case:

Debtor 1 David M. Parsons

Debtor 2 Jennifer L. Parsons
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

Case number _____
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 6,514.39	\$ 504.58
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.		
Disability	\$ 0.00	\$ 343.59
.....	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 6,514.39	+ \$ 848.17 = \$ 7,362.56
		Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>** \$ **7,362.56**

Multiply by 12 (the number of months in a year) x 12

12b. The result is your annual income for this part of the form 12b. \$ **88,350.72**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. NJ

Fill in the number of people in your household. 7

Fill in the median family income for your state and size of household. 13. \$ **155,994.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ David M. Parsons
David M. Parsons
Signature of Debtor 1

X /s/ Jennifer L. Parsons
Jennifer L. Parsons
Signature of Debtor 2

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

Date **January 3, 2020**
MM / DD / YYYY

Date **January 3, 2020**
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **07/01/2019** to **12/31/2019**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Salary**

Income by Month:

6 Months Ago:	<u>07/2019</u>	<u>\$4,529.42</u>
5 Months Ago:	<u>08/2019</u>	<u>\$9,424.59</u>
4 Months Ago:	<u>09/2019</u>	<u>\$6,283.08</u>
3 Months Ago:	<u>10/2019</u>	<u>\$6,283.08</u>
2 Months Ago:	<u>11/2019</u>	<u>\$6,283.08</u>
Last Month:	<u>12/2019</u>	<u>\$6,283.08</u>
Average per month:		<u>\$6,514.39</u>

Debtor 1 **David M. Parsons**
Debtor 2 **Jennifer L. Parsons**

Case number (if known) _____

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **07/01/2019** to **12/31/2019**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Salary**

Income by Month:

6 Months Ago:	07/2019	\$0.00
5 Months Ago:	08/2019	\$0.00
4 Months Ago:	09/2019	\$0.00
3 Months Ago:	10/2019	\$0.00
2 Months Ago:	11/2019	\$971.60
Last Month:	12/2019	\$2,055.89
Average per month:		\$504.58

Line 10 - Income from all other sources

Source of Income: **Disability**

Income by Month:

6 Months Ago:	07/2019	\$0.00
5 Months Ago:	08/2019	\$1,569.79
4 Months Ago:	09/2019	\$491.77
3 Months Ago:	10/2019	\$0.00
2 Months Ago:	11/2019	\$0.00
Last Month:	12/2019	\$0.00
Average per month:		\$343.59

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	\$15 trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of New Jersey**

In re **David M. Parsons
Jennifer L. Parsons**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	900.00
Prior to the filing of this statement I have received	\$	900.00
Balance Due	\$	0.00

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify): **Hyatt Legal Plans**

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions disputes with the Trustee over exempted assets, defense of a Petition by the Trustee to dismiss or convert, conversion as the request of the debtor to a different bankruptcy case, representation of the debtor in a contested hearing, 2004 discovery hearing, representation of the debtor in a Show Cause hearings or any other adversary proceeding. Negotiations with secured creditors to reduce claim to market value of property; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f) for avoidance of liens on residence and household goods.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 3, 2020

Date

/s/ Joseph I. Windman, Esq.

Joseph I. Windman, Esq. (JIW7236)

Signature of Attorney

Joseph I. Windman, Esq.

4400 Route 9 South, Suite 3000

Freehold, NJ 07728

732-780-4222 Fax: 732-780-0442

jwindman@aol.com

Name of law firm

**United States Bankruptcy Court
District of New Jersey**

In re **David M. Parsons
Jennifer L. Parsons**

Debtor(s)

Case No.
Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **January 3, 2020**

/s/ David M. Parsons

David M. Parsons

Signature of Debtor

Date: **January 3, 2020**

/s/ Jennifer L. Parsons

Jennifer L. Parsons

Signature of Debtor

AFC Urgent Care-West Long Branch
214 State Route 36
West Long Branch, NJ 07764

Ally Financial Inc
PO Box 380902
Bloomington, MN 55438

Atlantic Pediatric Orthopedics
Evan Curatolo MD
1131 Broad St 202
Shrewsbury, NJ 07702

Atlantic Pediatric Orthopedics
Lawrence M Stankovits MD
1131 Broad St 202
Shrewsbury, NJ 07702

Atlantic Pediatric Orthopedics
PO Box 283
Rumson, NJ 07760

B-Seaview Orthopaedic
1200 Eagle Av
Asbury Park, NJ 07712

B-Seaview Orthopedic
1200 Eagle Av
Ocean, NJ 07712

Bank of America
PO Box 15019
Wilmington, DE 19886

Bank of America
PO Box 982234
El Paso, TX 79998

Bank of America
National Enterprise Systems
PO Box 1280
Oaks, PA 19456

Bank of America
Mercantile Adjustment Bureau
PO Box 9055
Williamsbille, NY 14231

Bank of America
Mercantile Adjustment Bureau
37 Rust Lane
Boerne, TX 78006

Bank of America
Tenaglia & Hunt Esqs
395 West Passaic St 205
Rochelle Park, NJ 07662

Bank of America
American Recovery Service
555 St Charles Dr 100
Thousand Oaks, CA 91360

Barnabas Health Medical Group
PO Box 826504
Philadelphia, PA 19182

Barnabas Health Medical Group
Apex Asset Management
PO Box 5407
Lancaster, PA 17606

Barron Emergency Physicians
PO Box 80137
Philadelphia, PA 19101

Barron Emergency Physicians
Envision Physician Services
PO Box 7418
Philadelphia, PA 19101

Barron Emergency Physicians
PO Box 7418
Philadelphia, PA 19101

Barron Emergency Physicians
AR Resources
PO Box 1056
Blue Bell, PA 19422

Barron Emergency Physicians
Radius Global Solutions
PO Box 1259
Oaks, PA 19456

Best Buy Credit Services
Citibank
PO Box 6497
Sioux Falls, SD 57117

Best Buy Credit Services
Citibank
PO Box 6084
Sioux Falls, SD 57117

Best Buy Credit Services
Citibank
PO Box 6204
Sioux Falls, SD 57117

Best Buy Credit Services
Citibank
PO Box 9001007
Louisville, KY 40290

Best Buy Credit Services
Citibank
PO Box 6752
Sioux Falls, SD 57117

Bureaus Investment Group
Portfolio 15 LLC
650 Dundee Rd 370
Northbrook, IL 60062

Bureaus Investment Group Portfolio No 15
Alpha Recovery Corp
PO Box 1259
Oaks, PA 19456

Capio Partners
311 30th Av E
Sherman, TX 75091

Capital One Bank
PO Box 6492
Carol Stream, IL 60197

Capital One Bank
Lyons Doughty & Voldhuis PC
PO Box 1269
Mount Laurel, NJ 08054

Capital One Bank
PO Box 85619
Richmond, VA 23285

Capital One Retail Services
PO Box 71106
Charlotte, NC 28272

Capital One Services
PO Box 30285
Salt Lake City, UT 84130

CareCentrix
PO Box 660
East Granby, CT 06026

CareCentrix
AMCA
PO Box 1235
Elmsford, NY 10523

CareCentrix
PO Box 277947
Atlanta, GA 30384

CF Medical LLC
Capio Partners
PO Box 3209
Sherman, TX 75091

CF Medical LLC
Phoenix Financial Services
PO Box 361450
Indianapolis, IN 46236

CF Medical LLC
AssetCare
PO Box 1127
Sherman, TX 75091

CF Medical LLC
Phoenix Financial Services
PO Box 1280
Oaks, PA 19456

CF Medical LLC
FBCS
330 S Warminster Rd 353
Hatboro, PA 19040

CF Medical LLC
AssetCare
PO Box 4115
Concord, CA 94524

Chase
PO Box 1423
Charlotte, NC 28201

Chase
PO Box 15123
Wilmington, DE 19850

Chase
PO Box 15548
Wilmington, DE 19886

Chase
PO Box 15123
Charlotte, NC 28201

Chase Bank
GC Services LP
PO Box 1280
Oaks, PA 19456

Chase Bank
Alltran Financial LP
PO Box 4045
Concord, CA 94524

Chase Bank
Alltran Financial LP
PO Box 722929
Houston, TX 77272

Chase Bank
MRS BPO LLC
1930 Olney Av
Cherry Hill, NJ 08003

Citi Cards
PO Box 6004
Sioux Falls, SD 57117

Citi Cards
PO Box 6077
Sioux Falls, SD 57117

Citibank
PO Box 6497
Sioux Falls, SD 57117

Citibank
PO Box 790040
Saint Louis, MO 63179

Citibank
PO Box 6077
Sioux Falls, SD 57117

Citibank
Radius Global Solutions
PO Box 390905
Minneapolis, MN 55439

Citibank
Capital Management Services
PO Box 120
Buffalo, NY 14220

Citibank/Citi Cards
PO Box 70166
Philadelphia, PA 19176

Citibank/Home Depot
Alltran Financial
PO Box 4044
Concord, CA 94524

Citibank/Home Depot
Alltran Financial
PO Box 722910
Houston, TX 77272

Coastal Imaging
PO Box 6750
Portsmouth, NH 03802

Comenity Bank
PO Box 182125
Columbus, OH 43218

Comenity Bank
PO Box 183043
Columbus, OH 43218

Comenity Bank-My Place Rewards
PO Box 659820
San Antonio, TX 78265

Comenity Capital Bank
PO Box 183043
Columbus, OH 43218

Commonwealth Finance
245 Main St
Scranton, PA 18519

CP Medical LLC
Phoenix Financial Services
PO Box 361450
Indianapolis, IN 46236

CP Medical LLC
Phoenix Financial Services
PO Box 1280
Oaks, PA 19456

Credit First
PO Box 81344
Cleveland, OH 44188

Credit First
PO Box 81410
Cleveland, OH 44181

Credit First
Client Services
PO Box 1586
Saint Peters, MO 63376

Credit First
AllianceOne Receivables Management
PO Box 3102
Southeastern, PA 19398

Credit One Bank
PO Box 98873
Las Vegas, NV 89193

Credit One Bank
PO Box 60500
City of Industry, CA 91716

Department Stores National Bank
PO Box 8053
Mason, OH 45040

Department Stores National Bank
ARS National Services
PO Box 469100
Escondido, CA 92046

Department Stores National Bank
ARS National Services
PO Box 1608
Southgate, MI 48195

Department Stores National Bank
Credit Control
PO Box 31179
Tampa, FL 33631

Department Stores National Bank
Credit Control LLC
PO Box 31179
Tampa, FL 33631

Doctor's Office of Brick LLC
PO Box 870
Newburgh, NY 12551

Doctors Office of Brick LLC
PO Box 870
Newburgh, NY 12551

Doctors Office of Brick LLC
484 Temple Hill Rd 104
New Windsor, NY 12553

Doctors Office of Brick LLC
Advanced Health Partners Inc
PO Box 870
Newburgh, NY 12551

DSNB/Macy's
PO Box 8218
Mason, OH 45040

Evan M Curatolo MD
1131 Broad Street 202
Shrewsbury, NJ 07702

Evan M Curatolo MD
PO Box 312
Rumson, NJ 07760

GMFinancial
PO Box 181145
Arlington, TX 76096

Hackensack Meridian Health
PO Box 650292
Dallas, TX 75265

Hackensack Meridian Health
PO Box 9319
Trenton, NJ 08650

Health Special Risk Inc
4100 Medical Parkway 200
Carrollton, TX 75007

Home Depot Credit Services
Citibank
PO Box 9001010
Columbus, OH 43218

Home Depot Credit Services
Citibank
PO Box 790393
Saint Louis, MO 63179

Home Depot Credit Services
Citibank
PO Box 6752
Sioux Falls, SD 57117

IC System Collections
PO Box 64437
St Paul, MN 55164

JPMCB Card Services
PO Box 901065
Fort Worth, TX 76101

JPMorgan Chase Bank
PO Box 901065
Fort Worth, TX 76101

JPMorgan Chase Bank
GC Services
PO Box 1280
Oaks, PA 19456

JPMorgan Chase Bank
GC Services
PO Box 1545
Houston, TX 77251

JPMorgan Chase Bank
Client Services
PO Box 1586
Saint Peters, MO 63376

JPMorgan Chase Bank
ARS National Services
PO Box 469046
Escondido, CA 92046

JPMorgan Chase Bank
MRS BPO LLC
1930 Olney Av
Cherry Hill, NJ 08003

Kohl's Department Store
PO Box 2983
Milwaukee, WI 53201

Kohl's Department Store
PO Box 3120
Milwaukee, WI 53201

Kohl's Department Store
PO Box 3084
Milwaukee, WI 53201

LabCorp/LCA
Credit Collection Services
PO Box 55126
Boston, MA 02205

Laboratory Corporation of America
LCA Collections
PO Box 2240
Burlington, NC 27216

Laboratory Corporation of America
Radius Global Solutions
PO Box 1259
Oaks, PA 19456

Lowe's/Synchrony Bank
PO Box 530914
Atlanta, GA 30353

LVNV Funding LLC
PO Box 10584
Greenville, SC 29603

LVNV Funding LLC
Halsted Financial Services
PO Box 828
Skokie, IL 60076

LVNV Funding LLC
PO Box 10497
Greenville, SC 29603

LVNV Funding LLC
Credit Control LLC
PO Box 100
Hazelwood, MO 63042

LVNV Funding LLC
Credit Control LLC
PO Box 51790
Livonia, MI 48151

Macy's/DSNB
Department Stores National Bank
PO Box 9001094
Louisville, KY 40290

Macy's/DSNB
Department Stores National Bank
PO Box 43499
Providence, RI 02940

Macy's/DSNB
Department Stores National Bank
PO Box 8058
Mason, OH 45040

Macy's/DSNB
Department Stores National Bank
PO Box 6167
Sioux Falls, SD 57117

Macy's/DSNB
Department Stores National Bank
PO Box 8061
Mason, OH 45040

Malek Medical Center
232 Norwood Av
West Long Branch, NJ 07764

Meridian Health
PO Box 9319
Trenton, NJ 08650

MFP Plan-Pedi
PO Box 8000
Buffalo, NY 14267

Midland Credit Management
2365 Northside Dr 300
San Diego, CA 92108

Midland Credit Management
PO Box 301030
Los Angeles, CA 90030

Midland Credit Management
350 Camino De La Reina 100
San Diego, CA 92108

Midland Credit Management
Pressler Felt & Warshaw LLP
7 Entin Road
Parsippany, NJ 07054

Monmouth Emerg Med Assoc LLC
PO Box 80239
Philadelphia, PA 19101

Monmouth Emergency Med Assoc
B&B Collections
PO Box 2137
Toms River, NJ 08754

Monmouth Emergency Medical
Radius Global Solutions
PO Box 390915
Minneapolis, MN 55439

Monmouth Emergency Medical
Radius Global Solutions
PO Box 1259
Oaks, PA 19456

Monmouth Emergency Medical Associates
PO Box 417442
Boston, MA 02241

Monmouth Emergency Medical Associates
PO Box 5786
Parsippany, NJ 07054

Monmouth Medical Center
RWJBarnabas Health
PO Box 29962
New York, NY 10087

Monmouth Medical Center
IC System
PO Box 64437
Saint Paul, MN 55164

Monmouth Medical Center
Barnabas Health
PO Box 29962
New York, NY 10087

Monmouth Medical Center
Celentano Stadtmauer & Walentowicz LLP
PO Box 2594
Clifton, NJ 07015

Monmouth Medical Center
BCA Financial Services
18001 Old Cutler Rd 462
Miami, FL 33157

Monmouth Medical Center
Barnabas Health
PO Box 903
Oceanport, NJ 07757

Monmouth Medical Center
Barnabas Health
PO Box 29965
New York, NY 10087

Monmouth Medical Center
IC System
PO Box 64378
Saint Paul, MN 55164

Monmouth Medical Imaging
PO Box 9428
Peoria, IL 61612

Myriad Emergency Phys LLC
PO Box 80137
Philadelphia, PA 19101

Nationwide Recovery System
501 Shelley Suite 300
Tyler, TX 75701

Neurology Specialists
IC System
PO Box 64437
Saint Paul, MN 55164

Neurology Specialists
Stillman Law Office LLC
50 Tower Office Park
Woburn, MA 01801

Neurology Specialists of Monmouth County
107 Monmouth Rd 110
West Long Branch, NJ 07764

North American Partners in Anesthesia
Hooten & Jacoby LLP
17 Snyder Av
Toms River, NJ 08753

North American Partners in Anesthesia
NAPA
PO Box 49
Glen Head, NY 11545

Ocean Medical Center
Hackensack Meridian Health
PO Box 650292
Dallas, TX 75265

Ocean Medical Center
Transworld Systems
PO Box 15618
Wilmington, DE 19850

Ocean Medical Center
Marvel & Maloney PC
PO Box 727
Neptune, NJ 07753

Ocean Medical Center
Marvel & Maloney Esqs
PO Box 727
Neptune, NJ 07753

Ocean Medical Center
AssetCare
PO Box 1127
Sherman, TX 75091

Ocean Medical Center
Trans-Continental Credit & Collection
PO Box 5505
White Plains, NY 10602

Ocean Medical Center
Trans-Continental Credit & Collection
PO Box 1259
Oaks, PA 19456

Ocean Medical Center
Trans-Continental Credit & Collection
PO Box 5055
White Plains, NY 10602

Paramount Recovery System
7524 Bosque Blvd L
Waco, TX 76712

Pediatric-Obstetric Medical Group
PO Box 100445
Atlanta, GA 30384

Pendrick Capital Partners
Commonwealth Financial Systems
PO Box 1110
Charlotte, NC 28201

Pendrick Capital Partners LLC
Radius Global Solutions
PO Box 390915
Minneapolis, MN 55439

Pendrick Capital Partners LLC
Dynamic Recovery Solutions
PO Box 25759
Greenville, SC 29616

Pendrick Capital Partners LLC
Phoenix Financial Services
PO Box 361450
Indianapolis, IN 46236

Pendrick Capital Partners LLC
Commonwealth Financial Systems
PO Box 1110
Charlotte, NC 28201

Pendrick Capital Partners LLC
Radius Global Solutions
PO Box 1259
Oaks, PA 19456

Pendrick Capital Partners LLC
Affiliate Asset Solutions
PO Box 1870
Ashland, VA 23005

Portfolio Recovery Associates
PO Box 12914
Norfolk, VA 23541

Portfolio Recovery Associates
PO Box 4115
Concord, CA 94524

Quest Diagnostics
PO Box 740985
Cincinnati, OH 45274

Remex Inc
307 Wall Street
Princeton, NJ 08540

Robert Wood Johnson Medical Group
Rutgers-RWJ Medical Group
PO Box 829650
Philadelphia, PA 19182

Rutgers Health-RWJMG
PO Box 829650
Philadelphia, PA 19182

Rutgers RWJMG Pathology
Financial Recoveries
PO Box 1388
Mount Laurel, NJ 08054

RWJBarnabas Health
Monmouth Medical Center
300 2nd Avenue
Long Branch, NJ 07740

Seaview Orthopaedic
1200 Eagle Avenue
Ocean, NJ 07712

Shrewsbury Ambulatory Anesthesia LLC
PO Box 188
Little Silver, NJ 07739

Shrewsbury Surgery Center
655 Shrewsbury Av
Shrewsbury, NJ 07702

Shrewsbury Surgery Center
Mnet Financial
95 Argonaut 200
Aliso Viejo, CA 92656

Synchrony Bank
PO Box 965060
Orlando, FL 32896

Synchrony Bank
PO Box 530939
Atlanta, GA 30353

Synchrony Bank
PO Box 965022
Orlando, FL 32896

Synchrony Bank
PO Box 965013
Orlando, FL 32896

Synchrony Bank
AlliedInterstate
PO Box 1954
Southgate, MI 48195

Synchrony Bank
Global Credit & Collection
PO Box 129
Linden, MI 48451

Synchrony Bank
EGS Financial Care
PO Box 1020
Horsham, PA 19044

Synchrony Bank
PO Box 965004
Orlando, FL 32896

Target Card Services
PO Box 660170
Dallas, TX 75266

TD Bank
PO Box 84037
Columbus, GA 31908

TD Bank
Financial Recovery Services
PO Box 385908
Minneapolis, MN 55438

TD Bank
Financial Recovery Services
PO Box 4115
Concord, CA 94524

TD Bank/Target Credit Card
Firstsource Advantage
PO 628
Buffalo, NY 14240

The Bureaus
650 Dundee Rd 370
Northbrook, IL 60062

Tidal Emergency Physicians
PO Box 41433
Philadelphia, PA 19101

Wakefield and Associates
PO Box 50250
Knoxville, TN 37950

Wells Fargo Home Mortgage
PO Box 14411
Des Moines, IA 50306

Wells Fargo Home Mortgage
PO Box 105632
Atlanta, GA 30348

Women's Comprehensive Health Care
PO Box 14000
Belfast, ME 04915

Women's Comprehensive Health Care
PO Box 14099
Belfast, ME 04915